Public Health England

Protecting and improving the nation's health

Using audit in commissioning sexual health, reproductive health and HIV services

Guidance for commissioners

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Contents

Introduction

The purpose of this document is to provide guidance to commissioners on how audits can contribute to both assure quality of service provision and drive continuous quality improvement in sexual health, reproductive health and HIV (SH,RH&HIV) services.

Background

Commissioners and providers are increasingly under pressure to focus on better value and commission cost-effective services that meet the needs of local people, improve sexual health outcomes and reduce inequalities[1]. This pressure will remain an ongoing challenge. Ensuring services are delivered to high standard is an essential part of improving patient and population health. Audits and other quality improvement (QI) tools can play an important part in achieving this.

There are a number of tools available to assist commissioners to measure, monitor, review and assure the quality of the service they commission, or to help drive service improvement. The most commonly applied ones are (clinical) audits, research, (service) evaluation and quality improvement methodologies such as Plan-Do-Study-Act (PDSA) cycles[2]. Audits will be the main focus of this guidance. Audits are used to measure quality of aspects of service delivery against agreed standards. When undertaking local audits, the results should be seen in the context of other performance management data such as Care Quality Commission (CQC) reports, service evaluations or performance reports, for example.

PHE has also developed guidance on how to undertake effective service evaluation of interventions in the provision of sexual health services, which is available at www.gov.uk/government/publications/sexual-health-reproductive-health-and-hiv-services-evaluation-resources

Definitions

Each methodology has a different purpose and different advantages and disadvantages. The purpose of this guidance is not to give an in-depth description of these but a brief overview of the main concepts, and this is presented in table 1.

[1] 'Using clinical audit in commissioning healthcare services', Healthcare Quality Improvement Partnership (HQIP), June 2017 www.hqip.org.uk/resource/using-clinical-audit-in-commissioning/

[2] NHS England Improvment Hub Quality Improvement Theory and Practice in Healthcare www.england.nhs.uk/improvement-hub/publication/quality-improvement-theory-practice-in-healthcare/

Table 1. Description of audit, service evaluation, research and quality improvement

Audit	Service evaluation	Research	Quality improvement
Are we following best practice?	What's happening in a service?	What is best practice? Testing a hypothesis	What are we trying to accomplish?
Measures the quality or efficiency of service provided against a standard	Provides knowledge and understanding through simple interview or analysis of records	Obtains new knowledge	How will we know that change is an improvement?
Is good practice being delivered?	Designed to define current situation	Finding out/defining best practice	What change can we make that will result in an improvement?
Results are only relevant within the local setting (although audit process may be of wider interest)	Measures changes in service regardless whether or not standards are available	Often aiming to develop or test theory	Implement a change at small scale, measure impact, repeat at bigger scale if improvement noted
	Participants usually those who use or deliver service	Not always clear who should act upon findings	Measurement of the change(s), act upon findings, continuous improvement
Typical questions suitable for this methodology			
Are service standards on control and prevention of chlamydia being followed?	Do we have the required services for the effective control and prevention of chlamydia in the local authority?	Do people's health beliefs about STIs influence the completion of treatment?	What do we need to improve in the partner notification rates, how do we do this and how do we know it has resulted in an improvement?

Two other points are worth remembering:

Research is concerned with discovering the right thing to do, audit with ensuring it is done right

Surveillance: descriptive analysis of surveillance data is often used to underpin service evaluations, research and audit. A typical question that can be answered through the use of surveillance is: 'What are the demographic characteristics of cases of multi-drug resistant gonorrhoea?'

Audit and commissioning SH,RH&HIV services

For any commissioner of SH,RH&HIV services - regardless of whether they are a local authority, NHS England or a clinical commissioning group - to seek assurance about the quality of the service provided or drive quality improvement, a local audit may be a suitable mechanism to achieve this as it will demonstrate to what extent the service's performance meets existing agreed evidence-based standards of service. In addition, a complete audit cycle (one whereby a re-audit has also been undertaken) will ascertain if the desired improvement has been achieved.

There may also be audits planned at regional or national level, such as those organised by the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Health (FSRH), the British HIV Association (BHIVA) and the National Chlamydia Screening Programme (NCSP). Commissioners may also want to undertake audits against agreed standards at a local or regional level on selected priority areas. Audits should be required when the aim is quality improvement. An audit may not always be appropriate; it should not be confused with a straightforward request for data as part of performance monitoring of the contract with the provider, although there may be overlap where auditable outcomes are part of the contract monitoring requirements. Audit can also have a vital role to play in making sure quality of service is monitored, maintained or improved through major service re-designs.

Commissioners do not have regulatory powers but may have significant contractual rights to require providers to carry out audits. Table 2, Figure 1 and Table 3 present a summary of the sections relating to audit in the national template service specifications for integrated sexual health services and HIV service respectively.

Table 2 contains the sections relating to audit in the updated template contract specification for integrated sexual health services (August 2018).

Table 2. References to audit in contract specification for integrated sexual health services (August 2018)

Paragragh	Section	Reference
2.1	Key service outcomes	"The Service will agree with the Commissioner a yearly programme of audit, research and evaluation to ensure continuous improvements in the quality of service delivery."
3.1	Overarching service objectives	"Supporting evidence-based practice in sexual health (this should include participation in audit and service evaluations and may include research)."
3.2.1	Service levels	"Regular audit against national guidelines."
3.5	Interdepencies and referrals to other services	"The Provider is expected to actively participate in local, regional and national clinical networks, relevant trials, training, and research and audit programmes where applicable."

The section on clinical governance also contains significant references to audit features, see figure 1.

Figure 1. Audit in the 2018 Integrated Sexual Health Services Template Specification (p45)

Clinical Governance

The provider shall have in place and be able to evidence appropriate and workable Clinical Governance arrangements which are in accordance with the DH Sexual Health Clinical Governance Principles, including:

- A named Clinical Lead for all clinical services delivered as part of this contract; Services may need to look for clinical leadership/system pathways from regional colleagues.
- Governance Policies which are clear and accessible to all staff and service users, setting out organisational accountabilities and reporting mechanisms.
- The provider will link into local/regional/national networks, including clinical networks.
- A published organisational complaints policy and process and "whistle blowing" policy.
- Policies and operating procedures to ensure that all clinical interventions are delivered in line with clinical guidelines, NICE guidance and robust evidence bases.
- A planned annual clinical audit programme which includes the review of clinical performance, the refining of clinical practice as a result and the measurement of performance against agreed standards. The provider shall use performance data, clinical developments and customer feedback to inform the programme.
- A planned programme of service improvement informed by the audit cycle, customer feedback, performance and evidence for change.
- Clear operational policies and procedures for the reporting and management of Serious Incidents and never events and a process to evidence learning from such situations to ensure continued service/quality improvement.
- Where the provider is registered with the Care Quality Commission it shall have in place an operational policy setting out its response to the requirements for Duty of Candour.
- The provider shall provide an annual written summary of clinical audit undertaken, outcomes and actions taken and any plans for further clinical audit.

Table 3 presents the references to audit in the NHS Standard Contract for specialised HIV services (adults) 2013/14 (currently under review).

Table 3. References to audit in contract specification for HIV services (2013/14)

Paragraph	Section	Reference
2.1	Aims and objectives of service	Participating in and implement the results of national and local audits, including Mortality and Morbidity Reviews and learning from very late diagnosis case review.
4.1	Overview of outcome measures	The measures set out here will be further specified in line with auditable outcome measures agreed through relevant Standards and Guidelines.
	Key performance indiators	Key performance indicators will reflect the BHIVA Standards 2013 and will include process measures which are a proxy for the quality of outcome to be achieved including: • Reporting and audit

Professional bodies in relation to sexual health, reproductive health and HIV also consider audit a key part of their standards.

All BASHH guidelines include auditable outcomes and standards, and the Standards for the Management of Sexually Transmitted Infections (STIMS) also has standards for other outcomes, for example processes such as lab turnaround time. Standard 6 of the BASSH STIMS has, as one of the quality measures of clinical governance, the participation in relevant annual regional or national audits and taking action as a result of audit findings.[3]

All FSRH Clinical Guidelines include suggested auditable outcomes to support audit design, and the FSRH Clinical Standards provide robust frameworks for the delivery of high quality sexual health services. The FSRH also refers to the importance of the role of audit in service improvement: Standard 11 states: “All providers should have a programme in place to regularly audit clinical service provision, in terms of quality as well as access, process and outcome issues from a consumer viewpoint. This should include auditing complaints and near misses. The results of audits should be acted upon to ensure appropriate improvements in service provision.”[4]

[3] Standards for the Management of Sexually Transmitted Infections, BASHH, April 2019
[4] Service Standards for Sexual and Reproductive Healthcare, FSRH, September 2016

Existing audits and audit support

Existing audits

There are established audit programmes which are run on an annual basis by for example BASHH, BHIVA, FSRH and NCSP. Table 4 presents an overview of the audits held between 2014 and 2018 and those planned for 2019. These organisations' clinical guidelines and standards include suggested auditable outcomes that can be used when designing an audit. National audit results are often presented at annual conferences, and reports published on the organisations' relevant webpages. These do not contain individual service's results but provide the national and sometimes regional benchmarks against which local results can be compared. Local audit results can be obtained through the service provider, and can be shared by providers at local service review meetings. Sharing local results will require close cooperation between the commissioner and the local provider(s).

Table 4. Overview of audits run by national organisations

National audits	BASHH	NCSP	BHIVA	FSRH
2014	HSV (anogenital herpes)	Turnaround times	Management of pregnancy in HIV	
2015	Management of under 16s attending sexual health services	Retesting	Routine monitoring and assessment of adults with HIV	
2016	STI/HIV screening and risk assessment	Partner notification	Case note review of adults diagnosed with advanced HIV Look back reviews of late diagnoses: survey of activity Survey of HIV clinic activity in relation to seasonal flu vaccination	
2017	Syphilis	Re-audit turnaround times, re-testing and PN	Survey and audit of psychological well-being and support, and use of alcohol and other drugs	
2018	HIV PN			Emergency contraception services
2019- planned	Turnaround times in STI screening	Re-audit turnaround times, re-testing and PN	Time from diagnosis to treatment	Re-audit emergency contraception services Combined hormonal contraception provision Contraception for women who are overweight or with obesity

Audit support

Table 5 presents some additional guidance and links to webpages which contain useful information around audits, their results and supporting tools to undertake audits.

Table 5. Links to webpages for further audit support

Organisation	Link:
BASHH	www.bashh.org/bashh-groups/national-audit-group/
BHIVA	www.bhiva.org/NationalAuditReports.aspx
Clinical Audit Support Centre	www.clinicalauditsupport.com
FSRH	www.fsrh.org/about-us/about-the-clinical-effectiveness-unit-ceu/
Healthcare Quality Improvement Partnership	www.hqip.org.uk/
NHS England - Clinical Audit	www.england.nhs.uk/clinaudit/
NHS Digital	https://digital.nhs.uk/services/clinical-audit-platform
NCSP	www.gov.uk/government/publications/national-chlamydia-screening-programme-audit-report
NICE	www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement/audit-tools for example the Baseline assessment tool for HIV testing: increasing uptake among people who may have undiagnosed HIV (NICE public health guideline NG60)

Conclusion

In this document we explained the difference between audit, service evaluation, research and quality improvement. Using the template service specifications for the commissioning of integrated sexual health services and HIV services, we highlighted how audit results can be used to complement the monitoring of key performance indicators in the contract. We also provided an overview of the currently available audit resources as a starting point for both providers and commissioners of SH,RH&HIV services to look at a more informative way of driving service improvement and improving quality.